STATES OF JERSEY

HEALTH AND SOCIAL CARE PROFESSIONALS REGISTER (JERSEY) LAW 202- (P.15/2026): AMENDMENT (P.15/2026 AMD.) – COMMENTS

Presented to the States on 3rd March 2026
by the Minister for Health and Social Services

STATES GREFFE

COMMENTS

1. Deputy Coles' amendment to the Draft Health and Social Care Professionals Register (Jersey) Law 202- (the "draft Law") proposes that:

    - registration in Jersey should not be contingent on statutory registration in the UK, so that primary registration with any regulatory authority globally may be accepted as the basis for Jersey registration;

    - any non-statutory accrediting body accredited by the Professional Standards Authority (PSA) in the UK may also be accepted as primary registrar for the purposes of registration in Jersey;

    - the requirement for occupations registrable in the UK to be registrable in Jersey should be removed, so that the Minister for Health and Social Care (the "Minister") may specify professions to be registrable in Jersey under Schedule 1; and

    - psychotherapists should be added to Schedule 1, and the following related titles added to Schedule 1 to become registrable/protected titles:

        - animal assisted psychotherapist/therapist;
        - child and young person's therapist;
        - counsellor;
        - play therapist;
        - psychotherapist;
        - psychotherapist counsellor; and
        - talking therapist.

2. The Minister for Health and Social Services does not support Deputy Cole's amendment as it would undermine the core purpose of the draft Law – improving public protection – by introducing inconsistencies, uncertainty, and legal risk into Jersey's healthcare regulation system.

Extension of the Minister's powers to include non-UK registered professionals

3. The draft Law deliberately ties healthcare registration in Jersey to registration with statutory UK regulators such as the General Medical Council, Nursing and Midwifery Council, etc. This ensures consistency, recognised benchmarks and reciprocal assurance as the UK provides statutory standards frameworks, enforceable national standards and established fitness to practise regimes, all underpinned by legislation. Unlike the Jersey Care Commission (the "Commission"), UK regulators also have the requisite resources and expertise to set professional standards and handle fitness to practise issues for Jersey professionals. While Jersey is an independent jurisdiction, it relies heavily on the UK's healthcare workforce, and so it is logical to align our standards and registration requirements with UK regulators in the first instance.

4. Deputy Coles' amendment, if successful, would significantly broaden the Minister's powers to set registration requirements and standards for healthcare professionals in Jersey under Schedule 1 to the draft Law by Order, without

reference to the States Assembly. This would afford the Minister disproportionate powers to accept primary registration from any 'regulatory authority' based anywhere in the world, as well as any non-statutory body accredited by the PSA[1], and hold Jersey-based professionals to the standards and fitness to practise processes set by those various bodies. This would create a 'patchwork' of global regulators and non-statutory bodies responsible for regulating professionals' practice in Jersey.

5. This amendment would also allow the Minister to specify which professions must register in Jersey by law, which would enable Jersey to deviate significantly from the regulatory position in the UK on which the draft Law is firmly based.

6. Accepting primary registration with regulatory authorities in other jurisdictions (as well as non-statutory accrediting bodies) means that individual professionals working in Jersey could be held to widely different standards and fitness to practise processes to their peers. For example, this would mean that some medical practitioners may be primarily registered with the General Medical Council in the UK, while others hold primary registration with regulatory authorities in South Africa, Brazil, Australia, or any other jurisdiction, which may hold differing approaches to clinical practice. Holding professionals to potentially widely different standards and fitness to practise procedures will no doubt lead to inconsistencies in care standards and regulatory processes in Jersey, weakening Islanders' trust that they are receiving care from sufficiently regulated professionals with proper governance processes in place to safeguard their practice. This presents a significant risk to Jersey's reputation as an Island with a strong, regulated healthcare system on par with that in the UK.

7. There may be reasons to diverge from UK professional regulation in future. However, given the significant risks and policy considerations that would arise from such a major change, it would be entirely inappropriate for the Minister to be able to implement this by Order and without the detailed consideration and approval of the States Assembly.

Reputational and public safety risk of including non-regulated professionals

8. Deputy Coles' amendment would also provide UK accrediting bodies and UK statutory bodies with equivalence. This puts public safety at risk by misleading health service users into believing that non-regulated professionals are, in fact, regulated effectively in Jersey.

9. Accrediting bodies differ from statutory UK regulators as they are not underpinned by legislation and membership with them is voluntary. Accrediting bodies, including those endorsed by the PSA, set their own standards and may have different approaches to clinical practise than a statutory regulator for the same profession. Unlike statutory regulators, accrediting bodies do not have

[1] The Professional Standards Authority is the UK's independent regulatory oversight body helping to protect the public by improving the regulation and registration of health and care practitioners. The PSA reviews and monitors performance, produces guidance and shares expertise with the aim of improving regulation in health and social care and protecting the public.

statutory powers to prevent a professional from practising a certain profession (they may only investigate complaints against their members and remove their membership status if they deem this appropriate).

10. The draft Law was only ever intended to include those professions that are subject to statutory regulation in the UK. This is so that professionals in Jersey can be held to account against statutory national standards, prescribed qualifications and fitness to practise processes, which are essential for maintaining a safe and well-regulated healthcare sector in Jersey. Deputy Coles proposes that the Minister should have discretion to make any profession registrable in Jersey – or conversely, remove the requirement to register – regardless of the position in the UK. This could lead Jersey to become overburdened by regulation or even dangerously lacking in it compared with the UK, both of which could, again, be very damaging to Jersey's reputation as an Island with a high-quality healthcare system on par with the UK.

11. Related to this, Deputy Coles has proposed that psychotherapists are added to the list of regulated professions in Schedule 1 alongside a number of related titles, none of which are statutorily regulated or protected in the UK. Neither psychotherapists nor counsellors are regulated by the Health and Care Professions Council in the UK and therefore do not feature on the list of registrable professions in Schedule 1 to the draft Law. The UK Government considers that the risk posed to the public of malpractice does not warrant the cost and administrative burden of statutory regulation and mandatory registration, a decision reflected in the draft Law.

12. The absence of statutory regulation for psychotherapists in the UK means there is no established, legally enforceable set of standards, qualifications or fitness-to-practise processes for Jersey to rely on. As a result, requiring psychotherapists (or any of the related titles proposed) to register in law risks misleading the public into believing that these professionals are subject to the same robust regulatory safeguards as UK-regulated health professions, when in reality the Jersey Care Commission currently has no viable mechanism to regulate them to an equivalent standard. Without significant new investment in specialist expertise, investigative capacity, governance systems and enforcement powers, the Commission cannot create or operate an effective standalone regulatory regime. This gap between public expectation and actual regulatory capability creates a false sense of protection and increases the risk to service users.

Increased regulatory burdens for no benefit

13. Decisions to introduce legislation to regulate any service should always be taken having considered and exhausted other policy solutions. We currently lack data to support a deviation from the UK's policy of not requiring psychotherapists/counsellors to be regulated[2] and require much more evidence

[2] In the interim, there are a number of safeguards in place for psychotherapy profession, including employers' clinical governance, safeguarding policies, DBS checks, supervision, and complaints processes. Where practitioners are members of voluntary professional bodies, those codes and complaints routes also continue to apply. The Cabinet Office has also run a public awareness campaign advising the public to ensure that these psychotherapists and counsellors are properly qualified before using their services.

of risk before rushing into a decision to regulate, particularly given the small size of our jurisdiction. At a time of huge demand for mental health support, introducing regulatory requirements for psychotherapists and counsellors beyond that which the UK has in place could have unintended consequences. If Jersey becomes the only place where the psychotherapy/counselling profession (or any other profession) is regulated in the British Isles, we risk overburdening that profession in Jersey with regulation, deterring professionals from working here and, as a result, damaging workforce resilience and reducing access to these crucial services locally. Should the UK introduce statutory regulation for psychotherapists and counsellors – or any other profession – in the future, the draft Law has been designed to allow them to be added quickly and easily, so that Jersey can keep pace with the UK as developments occur.

14. Enabling Jersey's healthcare professionals to be held to inconsistent standards rather than those enforced by UK regulators significantly increases risk to the public of inconsistent, poorly regulated and substandard care, undermining the invaluable work and reputation of our healthcare sector. Given the small size of Jersey as a jurisdiction and its strong links with the UK workforce, the merits of deviating from established processes in the UK for the sake of flexibility are simply not justified. In any event, the changes proposed require much more evidence to support them, as well as extensive consultation before they can be considered fully.

15. Linking Jersey's registration system in tightly with statutory registration processes in the UK avoids creating a burdensome, unnecessarily complex and expensive parallel regime in Jersey that would significantly increase costs for the Jersey Care Commission funded by professionals and the public.

Increased financial risk and complexity

16. The draft Law clarifies the roles of the Commission and UK regulators in local registration: the Commission will no longer have unilateral powers to cancel or suspend a professional's Jersey registration but have largely an administrative role in maintaining local registers and passing registration information to UK regulators where appropriate. UK regulators, as primary registrars, are responsible for setting standards and fitness to practise processes as they have the expertise, resources, independence and statutory underpinning to do so.

17. Following decisions of the UK regulators removes litigation risk from the Commission (the costs of which are ultimately picked up by Government) posed by making a unilateral decision to cancel or suspend local registration where the UK regulator has not acted or would have taken a different decision. This joint-working between the Commission and UK regulators is effective thanks to well-established working relationships, legislative basis and data-sharing agreements.

18. At this stage, we also have no indication which regulatory authorities would be willing to regulate Jersey-based professionals outside of their own jurisdiction. It should also be noted that some professions are not uniformly regulated across jurisdictions, which adds additional complexity - for example, chiropractors are statutorily regulated in the UK, Canada and Australia, but not in Ireland or

Spain. On this point, more specificity is needed in the definition of 'regulatory authority' within the amendment, as it is unclear whether the intention is to only include global statutory regulators in scope or if this extends to any accrediting body (noting that the PSA only endorses accrediting bodies based in the UK).

19. As legislative frameworks, data-sharing and fitness to practise processes may differ greatly from jurisdiction to jurisdiction, accepting any regulatory authority in the world as primary registrar presents a significant risk that these bodies, and the Commission, are unable to respond in a timely or effective manner to fitness to practise issues in Jersey (particularly if the Commission no longer has unilateral decision-making powers to protect the public). This places the Jersey public at increased risk of harm, increases risk of political issues between the Commission and various regulatory authorities and may invite further litigation risk, which could be highly costly for the Commission and the Government of Jersey at large.

Conclusion

20. Deputy Coles' amendment seeks to introduce a level of flexibility to the local registration process that, while well-intentioned, would in practice weaken the very safeguards the draft Law is designed to strengthen. Jersey's alignment with established UK statutory regulators provides consistency, recognised professional standards, and a clear, dependable framework for patient safety. Departing from this approach by accepting a potential patchwork of global regulators and non-statutory bodies would expose Islanders to unnecessary risk and inconsistent standards of care, as well as introducing overly complex frameworks for accountability and unnecessary burden on the Jersey Care Commission and professionals.

21. At a time when public confidence in healthcare standards matters more than ever, Jersey cannot afford to weaken its regulatory framework or introduce complexity without compelling evidence of the benefit of doing so. The draft Law offers a clear, proportionate and robust system that is both fair to professionals, keeps Jersey in line with the UK and protects the public. For these reasons, the Minister cannot support the amendment proposed by Deputy Coles and asks the Assembly to support the draft Law unamended.